

United States Bankruptcy Court Northern District of Illinois		INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle) McGill, Dwayne Maurice		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Dwayne Maurice McGill d/b/a McGill Construction, Inc.	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):			
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 14159 KARLOV AVE CRESTWOOD, IL 60445		MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Cook		ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)			
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11			
INFORMATION REGARDING DEBTOR (Check applicable boxes)			
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		Type of Debtor (Form of Organization) <input checked="" type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	
		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	
VENUE		FILING FEE (Check one box)	
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)			
Name of Debtor		Date	
Relationship		Judge	
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

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Name of Debtor McGill, Dwayne Maurice

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x [Signature] Fund Counsel
 Signature of Petitioner or Representative (State title)
Chicago Laborers' Pension Fund 6/10/2009
 Name of Petitioner Date Signed
 Name & Mailing Jerrod Olszewski
 Address of Individual Fund Counsel
 Signing in Representative 111 W. Jackson Blvd., Suite 1415
 Capacity Chicago, Illinois 60604

x /s/ Christina Krivanek 6/10/2009
 Signature of Attorney Date
Christina Krivanek
 Name of Attorney Firm (If any)
 Address
 Office of Fund Counsel
 111 West Jackson Blvd., Suite 1415
 Chicago, Illinois 60604
 Telephone No. 312-692-1540

x [Signature] Fund Counsel
 Signature of Petitioner or Representative (State title)
Chicago Laborers' Welfare Funds 6/10/2009
 Name of Petitioner Date Signed
 Name & Mailing Jerrod Olszewski
 Address of Individual Fund Counsel
 Signing in Representative 111 W. Jackson Blvd., Suite 1415
 Capacity Chicago, Illinois 60604

x /s/ Christina Krivanek 6/10/2009
 Signature of Attorney Date
Christina Krivanek
 Name of Attorney Firm (If any)
 Address
 Office of Fund Counsel
 111 West Jackson Blvd., Suite 1415
 Chicago, Illinois 60604
 Telephone No. 312-692-1540

x [Signature] Fund Counsel
 Signature of Petitioner or Representative (State title)
General Laborers' District Council of Chicago and Vicinity Training Fund 6/10/2009
 Name of Petitioner Date Signed
 Name & Mailing Jerrod Olszewski
 Address of Individual Fund Counsel
 Signing in Representative 111 W. Jackson Blvd., Suite 1415
 Capacity Chicago, Illinois 60604

x /s/ Christina Krivanek 6/10/2009
 Signature of Attorney Date
Christina Krivanek
 Name of Attorney Firm (If any)
 Address
 Office of Fund Counsel
 111 West Jackson Blvd., Suite 1415
 Chicago, Illinois 60604
 Telephone No. 312-692-1540

PETITIONING CREDITORS

Name and Address of Petitioner: Chicago Laborers' Pension Fund, 11465 Cermak Road, Westchester, IL 60154	Nature of Claim unpaid pension fund contributions	Amount of Claim \$73,232.54
Name and Address of Petitioner: Chicago Laborers' Welfare Fund, 11465 Cermak Road, Westchester, IL 60154	Nature of Claim unpaid welfare fund contributions	Amount of Claim \$49,594.32
Name and Address of Petitioner: Laborers' Training Fund, 1200 Old Gary Avenue, Carol Stream, IL 60188	Nature of Claim unpaid training fund contributions	Amount of Claim \$1,130.09
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$123,956.95